


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N98000000699

1. Entity Name
**EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337,
 LADIES AUXILIARY TO THE VETERANS OF FOREIGN
 WARS**



Principal Place of Business 906 HWY 44 EAST INVERNESS, FL 34450 US	Mailing Address 906 HWY 44 EAST INVERNESS, FL 34450 US
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1940834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HETHERINGTON, CAROL A
 515 NOLA ST
 INVERNESS, FL 34452**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol A Hetherington* DATE 1-9-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAYNE, THOMPSON 4038 CLEAR SPRING ROAD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THERESE, FORTIN 2500 N. JUNGLE CAMP ROAD INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HETHERINGTON, CAROL A 515 NOLA ST INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, GLENDA 4167 S. CANTON TERR. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/08-80003-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jayne E Thompson* (Jayne E Thompson) DATE: 01-09-08 Daytime Phone #: 352-344-8337

Signature and typed or printed name of signing officer or director

PRESIDENT LAJFW#4337